Commonwealth of Virginia - Depar	rtment of Social Services			AGENCY	USE ON	LY:				
Locality/FIPS	Date Application Receive				d Worker #					
PLEASE ANSWER ALL QUE PART I Name	E APPLICATION				Applications accepted from June 15 through August 15 In what city or county do you live?					
Last Race (Circle One) 1. Wh	nite 2. Black or A	First frican American	3. Americ	can Indian or Ala	Middle I skan Na				n or other Pacific Island	
			City/State			Zip Day Phone:				
			City/State			Zip Home Phone:				
Directions to homePART II 1. What is your cooling need?									Email Address	
A. Pick up portable fawindow air conditioner ifC. Repair central air aF. Repair ceiling, atti 2. Circle the letter that best A. I own or am buying my law on the second of the letter of the letter that best A. I own or rent my home a condition of the second of the letter that best A. I own or am buying my law on the second of the letter that best A. I own or am buying my law on the letter that best A. I own or am buying my law on the letter that best A. I own or am buying my law on the letter that best A. I own or am buying my law or am law or am buying my law or am	you already have a work conditioner or heat pume c or whole house fan describes your present nome and pay all cooled in the rent of the cooling separately. It is included in the rent of section 8, HUD, Hess usage charges. Usehold United States old disabled?	cting air conditioner of p at living situation. ling bills. ng bill. t payment. Public Housing, s citizens?YESNOY	of any type in your points of any type in your points of the payment of G. Payment of G. I ling I. I ling	your home. The lost electric deposit felectric bill me before you cheve in Section 8 he we in one room in the intervent of the property of the	oose. Ci oose. Ci ousing, l n someor on, group ore than ncy shelte	ircle or HUD, ne else o home one ro er. I ha	call you or visit y _E. Purchase/insta _H. Self-pick-up/i nly one. subsidized hous 's house. e, treatment cent om, house or ap ave arranged to n	our home to confirm all ceiling, attic or wh anstall window air co ing, & regularly pa er or home for adu artment and pay fo move into a house, What is th	n you do not have a working hole house fan onditioner ay some or all of my coults. For heat/cooling. It apartment or more that heir Alien Status?	ing air conditioner.) ooling bills. an one room.
		SOC N SECUE			WORKING Y N		INCOME AMOUNT	INCOME PAID weekly, biweekly, semi-monthly monthly	LIST ALL SOURCE Employer for ear Self-employed, Social Veterans benefits, Ch	rned income, al Security, SSI,
	Self									

6. Circle ALL types of household income: A. TANF B. Social Security C. SSI	D. Unemployment E. Employment or Self-employed G. General Relief				
H. Veterans Benefits N. Worker's Compensation Q. Support or Alimony U. Rental Income	W. Retirement Other: specify				
7. Do you receive a check from the Division of Child Support Enforcement?YESNO How n	uch? Who pays the child support?				
8. Did you or any household member receive Fuel, Crisis, or Cooling Assistance in the past 12 months? _	YESNO If yes, case name				
9. Does any household member receive SNAP benefits (formerly Food Stamps)?YESNO	If yes, case name(s)				
10. Does any household member receive Medicaid?YESNONOIf yes,	case name(s)				
11. Is Medicaid Home & Community-Based Care received?YESNONOIf yes,	by whom? Patient pay amount \$				
12. Does anyone pay for Medicare, Part B or D insurance?YESNONO If yes,	who? How much? \$				
13. Who owns or is responsible for any cooling equipment in your home?					
14. Circle every type of cooling equipment that is in your home. None Portab Window Air Conditioner	e fan Ceiling fan Attic fan Whole House fan Central Air Conditioning Unit Heat Pump				
15. Does the cooling equipment in your home work?YESNONOIf NO , list all equipment in your home work?YESNO	ripment that does NOT work.				
16. Name and address of the company used for home cooling	rent electric hill Complete the following:				
In whose name is the bill? Account Number					
Is the utility payment made by an automatic monthly withdrawal or debit/credit payment?YES					
17. Where else have you applied for this assistance?					
18. Do you have a heating expense?YESNOIf YES, what is your fuel type? Circle1. Electricity2. Natural Gas3. Fuel Oil (#2)4. Clear Kerosen					
19. Name and address of the company used for home heating.					
20. What is the account name on your heating bill?	What is the account number on your heating bill?				
 21. Circle the primary heating equipment used to heat your home. CIRCLE ONLY ONE. A. Furnace B. Radiator C. Portable Heater G. Fireplace H. Wood Stove or Coal Stove 	D. Vented Space Heater E. Baseboard Heat F. Heat Pump J. Cook stove K. None L. Unknown				
22. Does your household owe a past due amount on your electric account?YESNO	If yes, how much is the past due amount?				
23. Has your household received a shutoff notice for electricity?YESNO	If yes, when will your electric service be disconnected?				
24. Has your household's electricity been disconnected?YESNO	If yes, when did your electric service end?				
APPLICANT'S CER					
I certify that the above statements and attachments are true and correct to the best of my knowledge. I will notify understand that I or any member of my household cannot sell merchandise purchased on my behalf through the purpose approved. I may file a complaint if I feel I have been discriminated against because of my race, color, not report changes promptly, or obtain assistance for which I am not eligible, I may be breaking the law and could be form and aided and abetted the applicant to obtain assistance for which he/she is not eligible, I may be breaking to may be contacted for the purposes of research, evaluation, and analysis to the extent allowed by state and federal for assistance or to give information in my case record to other organizations from which I have received or requauthorizing the energy supplier(s) to provide details about my account and energy use to the DSS for the purpose	rogram unless the local DSS has granted permission to sell. Any benefits received must be used for the tional origin, religion, sex, age, or disability. If I give false information, withhold information, fail to prosecuted for perjury, larceny and/or fraud. If I completed, or assisted in completing this application he law and could be prosecuted. I understand the DSS may use information on this application or that I law. My signature authorizes the DSS to obtain any verification to establish my household's eligibility ested assistance. I understand that, by providing my energy supplier(s) account information, I am				
Applicant Signature or Mark and Witness	Date				
Completed on behalf of applicant by:	Date				

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